

# AAMA PROGRAMME: A PROGRAMME FOR NEPALI WOMEN

**N**owadays an increasing number of Nepalese women are delivering their babies at health facilities. Six in every 10 women know about the free care and transport incentive that is available for delivering at a health facility. Locals know this as the **Aama Programme**, meaning the programme for **MOTHERS**.

The Aama Programme was introduced to reduce financial barriers to women seeking institutional delivery. It aims to increase the number of institutional deliveries and thereby reduce maternal morbidity and mortality. The Aama Programme has evolved and matured over the years.



*A women receiving the Transport Incentive*

In 2005, with major funding from DFID, the programme was launched as the Maternity Incentive Scheme (MIS), which was further revised as the Safe Delivery Incentive Programme (SDIP) in 2006 with a greater focus on reducing the high costs associated with accessing care at childbirth. The programme further progressed to become the Aama Programme in 2009, characterized by the removal of user fees for all types of deliveries. In 2012, the 4 ANC programme, which provided cash incentives to women for completing four ANC visits, was merged with the Aama Programme.

## WHAT WOMEN GET FROM AAMA

The Aama Program is implemented by the Family Health Division under Department of Health Services. The programme has three components:

**Incentive to women:** Transport incentive for all women delivering in an institution:

Amount	Geographic Terrain
NPR 1,500 (£10)	Mountain
NPR 1,000 (£6.7)	Hill
NPR 500 (£3.3)	Tarai
NPR 400 (£2.7)	as 4 ANC incentive

**Unit cost to health facilities:** Amounts reimbursed to facilities per delivery:

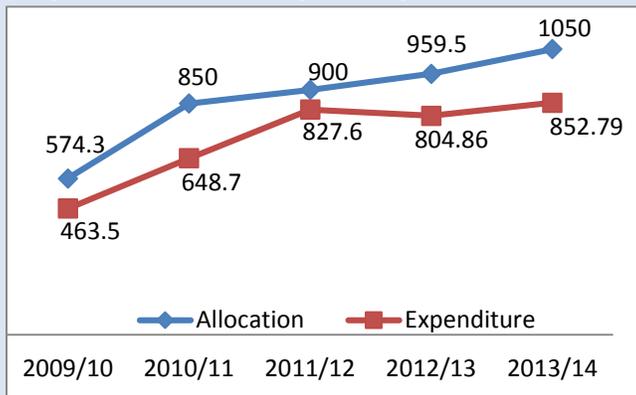
Amount/delivery	Condition
NPR 1,000 (£6.7)	<25 beds for ND
NPR 1,500 (£10)	>25 beds for ND
NPR 3,000 (£20)	Complicated delivery
NPR 7,000 (£46.7)	Caesarean section

**Incentive to health worker:** Paid out along with unit costs to health facilities:

Amount	Condition per birth
NPR 300 (£2)	Health facility
NPR 100 (£0.67)	Home delivery

## Budget Allocation

In the first 5 years of implementation (2009/10-2014/15), NPR 4.33 billion has been allocated to the programme (excluding budget for 4 ANC).



Note: Figures in NPR million on above chart

Over its five years the programme has absorbed 80% of the allocated budget, which is higher than the budget absorption capacity of the Ministry of Health and Population.

## HOW MANY WOMEN HAVE BENEFITED

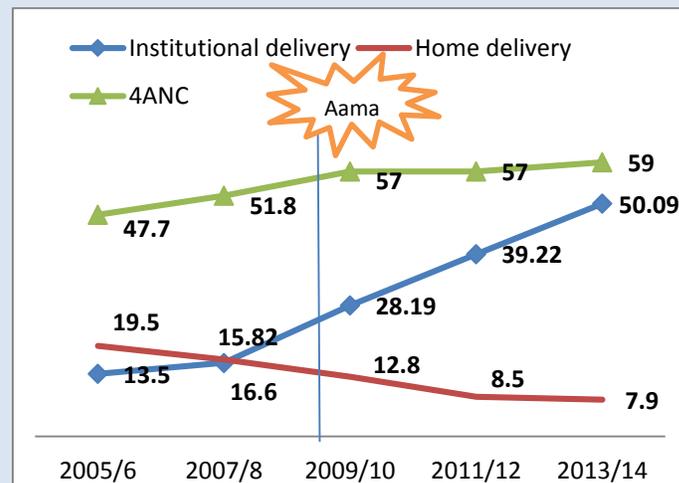
1.36 million women have so far received the free delivery care and transport incentive. The Household Survey of 2012 found that 91 percent of entitled women had received the transport incentive and 87 percent of women who delivered in a health facility had received the service free of charge.

## CONTRIBUTION OF AAMA

The Aama Programme is encouraging women to visit health facilities and use safe delivery services. As evident in the next figure, the number of institutional deliveries has almost doubled in the last five years and the number of women giving birth at home has halved.

Besides, the Aama Programme has resulted in more service delivery sites and has also contributed in harmonizing public private partnership in providing delivery care. An increasing number of peripheral level health facilities, namely health posts and sub-health posts (from 543 in 2009/10 to 1460 in 2013/14), are providing delivery services in the most hard-to-reach areas and to poor women. Additionally, 59 non-state partners are providing Aama services. The Aama

Programme has made an important contribution to reducing maternal mortality from 539 in 1996 to 170 per 100,000 live births in 2012.



Aama is considered as one of the innovative financing schemes managed by public sector and received the [Resolve Award in 2012](#)

## WAY FORWARD

The Aama Programme has had a huge positive impact and is providing great value for money for the government and its external development partners.

The implementation of the free care component of the Aama Programme need to be properly monitored, especially in private facilities. The continued development of the programme in-line with national social health protection programme is another important task. A technical and policy level discussions are required to integrate Aama with national social health insurance programme which would be an important step towards achieving Universal Health Coverage in Nepal.